

COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.
Director

DAVID MEYER
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director



BOARD OF SUPERVISORS
GLORIA MOLINA
YVONNE BRATHWAITE BURKE
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MICHAEL D. ANTONOVICH

DEPARTMENT OF MENTAL HEALTH

<http://dmh.co.la.ca.us>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: Name of Agency
Telephone Number
Fax:

#200.2 Attachment III

Date

Name

Address

City, State, Zip Code

REF: REQUEST TO CHANGE PROVIDER

Dear _____:

This is to confirm our recent conversation regarding your request to change providers.

I am not able to grant your request at this time due to the following reason (s):

You currently have an appointment scheduled with (staff name) for (day/date) at (time).

If you have any questions or concerns, please feel free to call me.

Sincerely,

Program Manager

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Reply To: Name of Agency
Telephone Number
Fax:

#200.2 Attachment IV

Date

Name

Address

City, State, Zip Code

REF: REQUEST TO CHANGE PROVIDERS

Dear _____:

This is to confirm our recent conversation regarding your request to change providers.

Your new provider is (staff name).

An appointment has been scheduled for (day/date) at (time).

If you will not be able to keep this appointment, please notify our office by calling (phone number).

Sincerely,

Program Manager